HENRY LEBER COIT.*

Men of achievement in medicine are truly rare. It is therefore only fitting when the life's work of one who has truly achieved something fundamental, is ended, that the profession should realize its loss.

In this time of chaos, when life hangs on so small a thread, and men all over the world are dying so that the future may mean more to humanity, it is well to realize that some minds are still devoting themselves to bettering humanity by saving lives.

Such a mind had Henry L. Coit. Graduating in medicine in 1883, he early devoted his time and efforts to the treatment of diseases of infants and children. Laboring as he did in the frightful summers in the East, he early realized that something must be done to stem the ravages of the infantile intestinal disturbances with their frightful mortality. He therefore studied the problem with his highly characteristic force and determination, and reached the conclusion that no single feature was probably playing as great a role in the etiology of Summer Diarrhea as dirty milk.

Only one who has heard Dr. Coit discuss the long and patient struggle that he had to impress upon the profession and the people the importance of his ideas, can realize the stamina and persistency that were necessary to bring his thoughts to a successful issue. In 1893 he formed the first Certified Milk Commission in Essex County, New Jersey, for the purpose of supervising the production of clean milk from non-tuberculous cows.

The profession is accustomed to pass over statements of this type without reflection. How wonderful to have been a man whose mind was keen enough to start a movement that meant the saving of the lives of thousands of infants, and yet how little most of us appreciate the work.

Men like Erlich and Behring die, and beyond a column in the Medical Journal, the world is absolutely ignorant that a genius has passed, and as far as the profession is concerned, a fleeting thought, and the big men are all but forgotten.

Dr. Coit was a man of keen perception and sterling character. His was a life lived strictly by the Golden Rule. In his home he was a kind but firm father, ever thoughtful of those around him, but at the same time, never forgetful of the fact that love must be tempered by judgment.

It was the writer's privilege to know him only during the last few years of his life, but it was indeed a rare privilege. The interest, the solicitude, the enthusiasm for his life work, and above all, for the Certified Milk Movement, were indeed wonderful to behold, and no one could have known Henry L. Coit well without having profited.

The younger members of the profession looked up to him, not only as a man who had truly accomplished something, the value of which was inestimable, but as a true friend to whom they could always go for advice and encouragement, and in turn, his attitude towards them was never that of condescending seniority, but rather that of a colleague who was ready at all times to receive the ideas of less mature minds and give them reflection and consideration.

Kind, thoughtful, sincere, ever solicitous of the welfare of others, Henry L. Coit died as he had lived, trusting that the work which he had started might go on with unqualified success.

Those of us who knew him shall miss him, but it will always be a source of consolation to his friends that the world was better off because Henry L. Coit lived in it.

* An Appreciation: San Francisco County Medical Milk Commission.

DAY DREAMS.

It is said that at the Harvard Medical School something like 168 courses are to be had by graduates in medicine each year. The fees accruing from these courses approximate $10,000. Of this sum $8,000 is paid in for Dr. Cabot's course in medical diagnostics, while the remaining $2,000 is contributed by the other 167 courses.

What pleasing day dreams might find harborage in the mind of a megalocephalic internist did he permit himself to speculate on such a text! How must his vanity expand and sun itself as there appeared before his mental vision the class, mute, pen in hand, note book on knee, leaning forward to catch and record his every word—a whole regiment sitting at his feet,—even as Saul sat at the feet of Gamaliel. The while about him, crook kneed, uncovered, reverential, gather his assistants and associates, each like "Some grave Pachaw at the Prophets' feet Piously licking them, swearing them sweet." Well might he cry, "Ah, sweet, sweet dream, depart not yet from me."

Now the direction of his dream changeth, but not the quality. How profitably might he not thus employ his much too spare time? For in his dream each of the pupils—and their name is legion —is glad to part with much fine gold for the privilege of sitting at the Master's feet. Poor old Get-rich-quick Wallingford, verily thou wouldst waste away with envy—in his dream.

And, still dreaming, how easy it all is of accomplishment. Has he not but to start a new school or to rehabilitate an old one, to name the teachers, announce the courses and let the pupils appear? Of course they would appear—in his dream.

And after all, there is but one essential to the realization of such a scheme. He must be another Cabot—and that's no dream. SNIKTAW.

THE WAR, MEDICAL CULTS, AND THE LONG-SUFFERING DOCTOR.

When peace fills the land, how it is the fashion to decry the long-suffering doctor. How he and his works and his ideals are held forth to ridicule and scorn and contumely by the yellow medical press, and newspapers of a kind, and "Life," and all the misguided host of fadism who put their trust in quack, charlatan, -path and -ism. How the Legislature and the City Council and the Congress begrudge him law and money for disease prevention, and for establishment of sane and safe health conditions. How he is execrated, and mis-

interpreted, and underpaid, when peace fills the land. Lo, the poor doctor, fool that he is, trying to destroy his own means of livelihood, trying to return public good for private evil, trying to make the preposterous ideal of service in the world, the guide of his daily conduct.

Then see the remarkable effect of war. Forthwith must this same doctor assume as of right, full responsibility for the health and physical efficiency of the fighting man, and the civilian populace alike. He is expected by common consent to meet the emergency at whatever cost of time, livelihood and life may result. And he assumes the responsibility and meets the emergency, going cheerfully and voluntarily into a service which is only less dangerous than the flying corps. What he is expected to do, he does. What he has trained himself to do, he does. His detractors, and critics and enemies in time of peace, expect him to do this and he does it.

But in times of war where are the self-sufficient and highly trained -paths and -isms and fads and cults? Where is the Christian Science medical unit going to the front to care for the wounded? Where is the osteopathic base hospital, and the naturopathic dressing station, and the chiropractic sanitary corps? What a chance for the drugless healers to cure trench foot, and eradicate disease carriers, and prevent camp epidemics. What a chance for the so-called Christian Scientists to show their Christianity in works of relief and mercy, and their science in the care of wounded and sick. What a chance for cult and -ism to prove their mettle, and speak by action. What a chance,—what a rare chance. Yet where are they, when the serious business of war clangs in, to sift the wheat from the chaff, and winnow out the real effectual human service of the physician?

A. C. R.

BLINDNESS IN THE UNITED STATES.

The forthcoming report on the blind in the United States announced by Director Sam. L. Rogers, of the Bureau of the Census, Department of Commerce, indicates that 30.8 per cent., or somewhat less than one-third, of the blind population lost their sight when less than 20 years of age (including those born blind); 47.4 per cent., or somewhat less than one-half, during the early or middle years of adult life (from 20 to 64 years); and 21.8 per cent., or a little over one-fifth, in old age (after passing their sixty-fifth year). More persons were reported as having lost their sight when less than 5 years of age than in any other five-year period of life, 16.4 per cent., or about one-sixth, of the total being included in this group; persons reported as born blind formed 6.6 per cent. of the total and persons reported as losing sight when less than 1 year old 5 per cent., these two groups together contributing 11.6 per cent., or more than one-tenth, of those reporting the age when vision was lost.

These statistics are based on an enumeration of the blind made in connection with the census of 1910. The blind population enumerated was 57,272, and by sending out special schedules through the mails the Bureau obtained data regarding such subjects as the cause of the blindness and the age when it occurred from 29,242 blind persons.

SIGNIFICANCE OF THE STATISTICS.

The fact that the 30,000 blind represented in the returns had on the average been blind for 16 years makes plain the gravity of this misfortune. Although the risk of blindness in infancy, childhood, or youth is relatively small, yet, as shown by these figures, the complete elimination of that risk would reduce the blind population by nearly one-third. Similarly, the elimination of the risk of blindness during the early or middle years of adult life would reduce the blind population by nearly one-half, while the elimination of the high risk in old age would cause a reduction of only one-fifth in the number of existing cases. Of course, the earlier the age at which the sight is lost, the greater the magnitude of the misfortune; loss of sight in infancy means a life of blindness, while loss of sight in old age ordinarily means only a few years of that affliction. For this reason the increase in individual happiness and the benefits to society in general that would accrue from a successful campaign against blindness in early life would obviously be vastly greater than would result from a corresponding reduction in the blindness occurring in old age. In this connection it is significant that since 1880 there has been a distinct decrease in the proportion of blind who lost their sight in infancy. In 1880 persons who became blind before completing their first year of life formed 15.3 per cent. of the total reporting, as compared with only 11.6 per cent. in 1910. This decrease is explained largely by the great progress made toward preventing blindness among newborn infants through the use of the Credé method of prophylaxis for ophthalmia neonatorum, which was discovered in 1884.

RELATIVE INCREASE OF OCCUPATIONAL BLINDNESS.

The proportion of the blind who lost their sight during the early or middle years of adult life has increased somewhat since 1880. It is probable that this increase is in part the result of the great industrial growth of the United States in the last 30 years, which would naturally bring in its train an increase in the number of cases of blindness due to occupational injury or disease, and hence in the number occurring during the years of economic activity.

A much larger proportion of males than of females lost their sight in the early or middle years of adult life (20 to 64 years of age), the percentage for males being 51.4, or more than one-half, as compared with a percentage of 41.8, or about two-fifths, for females. This marked difference with regard to the period of life when loss of sight occurred is of course the result in the main of the cases of blindness from industrial accidents or occupational diseases, which are numerous among the male blind but are relatively few among the females, and in which obviously